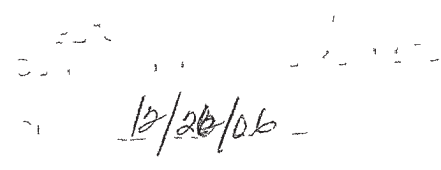

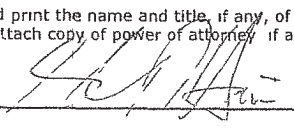


EXHIBIT C

PROOF OF CLAIM	
Name of Debtor <div style="font-size: 1.2em; font-family: cursive;">William S. REEVES</div>	Case Number <div style="font-size: 1.2em; font-family: cursive;">BK-S-06 10725 LBR</div>
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.	
Name of Creditor and Address <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> 11321241003069 WILLIAM S REEVES 2930 E SERENE AVE HENDERSON NV 89074-6536 </div>	<div style="font-size: 0.8em;"> <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court. </div>
Creditor Telephone Number (702) 646-7994 Last four digits of account or other number by which creditor identifies debtor <div style="font-size: 1.2em; font-family: cursive;">0725</div>	<div style="font-size: 0.8em;"> <input type="checkbox"/> Check here if this claim replaces or amends a previously filed claim dated <u>N/A</u>. </div>
1 BASIS FOR CLAIM <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned </div> <div style="width: 45%;"> <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (describe briefly) <div style="font-size: 0.9em; font-family: cursive;">UNPAID PRINCIPAL AND INTEREST - MARLTON SQUARE</div> </div> </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS # <u>0311</u> Unpaid compensation for services performed from <u>6/30/05</u> to <u>4/12/06</u> (date) (date) </div> <div style="width: 45%;"> <input type="checkbox"/> Unremitted principal <input type="checkbox"/> Other claims against servicer (not for loan balances) </div> </div>	
2 DATE DEBT WAS INCURRED <u>4-12-06</u> 3 IF COURT JUDGMENT, DATE OBTAINED	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.	
UNSECURED NONPRIORITY CLAIM \$ <u>N/A</u> <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.	SECURED CLAIM <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral <u>MARLTON SQUARE TRUST DEED ON 22 AC.</u> <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ <u>30,000,000.</u> Amount of arrearage and other charges at time case filed included in secured claim if any \$ <u>N/A</u>
UNSECURED PRIORITY CLAIM <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ <u>N/A</u> Specify the priority of the claim: _____ <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)	<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (_____)
* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED <div style="display: flex; justify-content: space-between;"> <div style="width: 33%;">\$ <u>50,000.</u> (unsecured)</div> <div style="width: 33%;">\$ <u>50,000.</u> (secured)</div> <div style="width: 33%;">\$ <u>50,000.</u> (priority) (Total)</div> </div>	
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.	
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.	
7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.	
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. <input checked="" type="checkbox"/>	
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units). BY MAIL TO: BMC Group Attn: USACM Claims Docketing Center P O Box 911 El Segundo, CA 90245-0911	THIS SPACE FOR COURT USE ONLY <div style="font-size: 1.5em; font-weight: bold; text-align: center;">FILED OCT 28 2006</div>
DATE <div style="font-size: 1.2em; font-family: cursive;">10-19-06</div>	SIGN and print the name and title if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) <div style="font-size: 1.2em; font-family: cursive; text-align: center;">William S. REEVES</div>

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		PROOF OF CLAIM - Chapter <input type="checkbox"/> 13 <input checked="" type="checkbox"/> 11 <input type="checkbox"/> 7 <input type="checkbox"/> Other
Name of Debtor USA COMMERCIAL MORTGAGE COMPANY	Case Number BK-S-06-10725-LBR	(This space for court use) 
NOTE This form NOT be used to make a chain for an administrative expense arising after the commencement of the case A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503		
Name of Creditor (The person or other entity to whom the debtor owes money or property) ROCKLIN/REDDING LLC	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement Giving particulars <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court In this case <input type="checkbox"/> Check box if the address differs from the address differs from the address on the envelope sent to you by the court	
Name & Address where notice should be sent Stephen R Harris, Esq Belding, Harris & Petroni, Ltd 417 W Plumb Lane Reno, NV 89509 Telephone number (775) 786-7600		
Account or other number by which creditor identifies debtor	Check here if this claim <input type="checkbox"/> Replaces <input type="checkbox"/> Amends A previously filed claim dated _____	
1 BASIS FOR CLAIM <input type="checkbox"/> Goods Sold <input type="checkbox"/> Services Performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal Injury wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. §1114(a) <input type="checkbox"/> Wages, salaries and compensation (FILL OUT BELOW) Your Social Security # _____ Unpaid compensation for services performed from (Date) _____ To (Date) _____		
2 Date debt was incurred 08/11/05 Marilton Square (MS Acq) 3 If court judgment, date obtained		
4 Total amount of claim at time case filed \$ \$225,000 00 plus accrued interest, attorneys' fees and costs If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below <input checked="" type="checkbox"/> Check this box if claim includes interest, or other charges in addition to the principal amount of the claim Attach an itemized statement of all interest or additional charges		
5 Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (Including a right of setoff) Brief description of collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicles <input type="checkbox"/> Other _____ Value of collateral \$ <u>unknown</u> Amount of arrearage and other charges at time case filed included unsecured claim if any \$ <u>to be determined</u>	6 Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim <input type="checkbox"/> Wages salaries or commissions up to \$4,300* earned within 90 days before filing of the Bankruptcy petition, or cessation of the debtor's business whichever is earlier 11 U.S.C. §507(a)(3) <input type="checkbox"/> Contribution to an employee benefit plan 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease or rental of property or services for personal family or household use - 11 U.S.C. §507(a)(6) <input type="checkbox"/> Alimony, maintenance or support owed to a spouse former spouse, or child - 11 U.S.C. §507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. §507(a)(8) <input type="checkbox"/> OTHER Specify applicable paragraph of 11 U.S.C. § 507(a)(____) *Amounts are subject to adjustment on 4/1/98 and every three years thereafter with respect to cases commenced on or after the date of adjustment	
7 Credits the amount of all payments on this claim has ben credited and deducted for the purpose of making this proof of claim 8 Supporting documents attach copies of supporting documents such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain If the documents are voluminous attach a summary 9 Date Stamped copy To receive an acknowledgment of the filing of your claim enclose a stamped self addressed envelope and a copy of this proof of claim		(This space for court use) <div style="text-align: center;"> FILED DEC 26 2006 USA CMC  1072501754 </div>
Date <u>12/22/06</u> Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)  Stephen R. Harris Attorney for Creditor		
Penalty for presenting fraudulent claim Fine of up to \$500 000 or imprisonment for up to 5 years. or both 18 U.S.C. §152 & 3571		

PROOF OF CLAIM

Name of Debtor *USA Commercial Mortgage Co*
1115 Acquisition Company
(Marlton Square 1st)

Case Number

BK-06-10725ABR

NOTE See Reverse for List of Debtors and Case Numbers

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor and Address.

11321241001300

SB WRIGHT FAMILY
 TRUST DATED 12/28/94
 C/O MELVIN B WRIGHT & SUSAN D WRIGHT TRUSTEES
 3983 S MCCARRAN BLVD
 RENO NV 89502-7510

Creditor Telephone Number ()

Last four digits of account or other number by which creditor identifies debtor

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.

☐ Check box if this address differs from the address on the envelope sent to you by the court.

DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

THIS SPACE IS FOR COURT USE ONLY

Check here ☐ replaces a previously filed claim dated _____
 if this claim ☐ or amends

1 BASIS FOR CLAIM

- ☐ Goods sold ☐ Personal injury/wrongful death
☐ Services performed ☐ Taxes
☒ Money loaned ☐ Other (describe briefly)

☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)

☐ Wages, salaries, and compensation (fill out below)

Last four digits of your SS #: _____

Unpaid compensation for services performed from _____ to _____
 (date) (date)

☐ Unremitted principal

☐ Other claims against servicer (not for loan balances)

2. DATE DEBT WAS INCURRED**3 IF COURT JUDGMENT, DATE OBTAINED****4 CLASSIFICATION OF CLAIM**

Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed

See reverse side for important explanations

UNSECURED NONPRIORITY CLAIM \$

- ☐ Check this box if: a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

UNSECURED PRIORITY CLAIM

- ☐ Check this box if you have an unsecured claim all or part of which is entitled to priority.

Amount entitled to priority \$ _____

Specify the priority of the claim

- ☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)
☐ Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4)
☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)

SECURED CLAIM

- ☒ Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

☒ Real Estate ☐ Motor Vehicle ☐ Other _____

Value of Collateral \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ *746.52*

☐ Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal family or household use - 11 U.S.C. § 507(a)(7)

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)

☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (____)

* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

5 TOTAL AMOUNT OF CLAIM

\$ *746.52* (unsecured) \$ *746.52* (secured) \$ *746.52* (priority) (Total)

- ☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

6. CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim

7. SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

8. DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).

BY MAIL TO
 BMC Group
 Attn: USACM Claims Docketing Center
 P O Box 911
 El Segundo, CA 90245-0911

BY HAND OR OVERNIGHT DELIVERY TO
 BMC Group
 Attn: USACM Claims Docketing Center
 1330 East Franklin Avenue
 El Segundo, CA 90245

THIS SPACE FOR COURT USE ONLY

FILED SEP 28 2006

DATE

9/25/06

SIGN and print the name and title if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)

Melvin Bruce Wright, Trustee

Susan D Wright, Trustee

USA CMC



1072500323


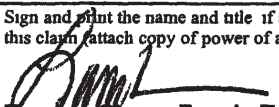
Form B10 (Official Form 10)

UNITED STATES BANKRUPTCY COURT - DISTRICT OF NEVADA		PROOF OF CLAIM Chapter <input type="checkbox"/> 11 <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 7 <input type="checkbox"/> Other
Name of Debtor USA Commercial Mortgage Company	Case Number BK-06-10725-LBR	(This space for court use)
NOTE: This form should NOT be used to make a claim of an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. Section 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property) Shelley Wike Cranley, Trustee	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and Address where notices should be sent Shelley W Cranley 174 Mont Blanc Way Las Vegas, NV 89124-9122		
Telephone No See Attached		
Account or other number by which creditor identifies debtor Marlton Square		Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated _____
1 BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury / wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		
2 Date Debt was incurred 08/11/2005		
3 If court judgment, date obtained _____		
4 Total amount of claim at time case filed <u>\$200,000</u> (Unsecured) \$ _____ (Secured) \$ _____ (Priority) <u>\$200,000</u> (Total) If all or part of your claim is secured or entitled to priority also complete Item 5 or 6 below <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach an itemized statement of all interest or additional charges.		
5 Secured Claim <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____	6 Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim. Amount entitled to priority \$ _____ Specify the priority of the claim <input type="checkbox"/> Wages salaries or commissions up to \$4 650* earned with 90 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$2,100* of deposits toward purchase lease or rental of property Or services for personal family or household use - 11 U.S.C. § 507(a)(6) <input type="checkbox"/> Alimony maintenance or support owed to a spouse former spouse or child - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8) <input type="checkbox"/> OTHER - Specify applicable paragraph of 11 U.S.C. § 507(a)(_____)	
*Amounts are subject to adjustment on 4/1/98 and every three years thereafter with respect to cases commenced on or after the date of adjudgment		
7 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 8 Supporting documents Attach copies of supporting documents Such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain If the documents are voluminous attach a summary 9 Date-Stamped copy to receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and a copy of this proof of claim		(This space for court use)
Date 11/7/06 Sign and print the name and title, if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) Shelley Wike Cranley Shelley Wike Cranley, Trustee		
Penalty for presenting fraudulent claim Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C. §§152 and 3571		

USBC form effective 04-01-01



FORM B10 (Official Form 10) (10/05)

United States Bankruptcy Court - District of Nevada		PROOF OF CLAIM
Name of Debtor USA Commercial Mortgage Company		Case Number BK-S-06-10725 LBR
<small>NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</small>		
Name of Creditor (The person or other entity to whom the debtor owes money or property) Simon Family Trust		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Name and address where notices should be sent Trustee of the Simon Family Trust 15517 Oakstand Court Poway, CA 92064		
Telephone number		
Last 4 digits of account or other number by which creditor identifies debtor		Check here if this claim <input checked="" type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim dated <u>8/28/06</u>
1 Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
2 Date debt was incurred <u>August 11, 2005</u>		3 If court judgment, date obtained
4 Classification of Claim Check the appropriate box or boxes that describe your claim and state the amount of the claim at the time case filed. <small>See reverse side for important explanations</small> Unsecured Nonpriority Claim \$ _____ <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority. Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim _____ <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5) Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ <u>unknown</u> Amount of arrearage and other charges at time case filed included in the secured claim, if any \$ <u>507,465.28</u> <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(_____)		
5 Total Amount of Claim at Time Case Filed \$ _____ <u>507,465.28</u> _____ <u>507,465.28</u> (unsecured) (secured) (priority) (Total) <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		This Space is for Court Use Only <div style="font-size: 2em; font-family: cursive;">Filed date</div> <div style="font-size: 2em; font-family: cursive;">9/8/06</div> 
7 Supporting Documents Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
8 Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim.		
Date <u>8/10/06</u>	Sign and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)  Trustee Simon Family Trust	

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF CALIFORNIA		PROOF OF CLAIM	
Name of Debtor USA Commercial Mortgage Company		Case Number 06-10725-LBR	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.	
Name of Creditor and Address <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> 11321241001683 STEVEN ANTHONY FONTANA TRUST DTD 6/28/02 C/O STEVEN ANTHONY FONTANA TRUSTEE 262 VIOLET NOTE ST HENDERSON NV 89074-8900		DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again. THIS SPACE IS FOR COURT USE ONLY	
Creditor Telephone Number (762) 308-0011		Check here <input type="checkbox"/> replaces or amends a previously filed claim dated _____. if this claim <input type="checkbox"/>	
Last four digits of account or other number by which creditor identifies debtor Client ID 7011 Acct ID 7114			
1 BASIS FOR CLAIM <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned </div> <div style="width: 45%;"> <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (describe briefly) _____ </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date) </div> <div style="width: 45%;"> <input type="checkbox"/> Unremitted principal <input type="checkbox"/> Other claims against servicer (not for loan balances) </div> </div>			
2 DATE DEBT WAS INCURRED <u>08/2005</u> 3 IF COURT JUDGMENT, DATE OBTAINED <u>N/A</u>			
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.			
UNSECURED NONPRIORITY CLAIM \$ <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority.		SECURED CLAIM <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ <u>36,000.00</u> Amount of arrearage and other charges at time case filed included in secured claim if any \$ <u>36,000.00 (Approx.)</u>	
UNSECURED PRIORITY CLAIM <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: _____ <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)		<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (_____)	
5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> \$ <u>86,000.00</u> (unsecured) (Approx.) </div> <div style="width: 45%;"> \$ <u>Approx. 86,000.00</u> (secured) (priority) (Total) </div> </div> <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006, for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units). BY MAIL TO: BMC Group Attn: USACM Claims Docketing Center P.O. Box 911 El Segundo, CA 90245-0911		THIS SPACE FOR COURT USE ONLY <div style="font-size: 1.5em; font-weight: bold;">FILED OCT 26 2006</div>	
DATE <u>10/24/06</u>		SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any). <u>[Signature]</u>	

PROOF OF CLAIM

Name of Debtor

USA Commercial Mortgage Company

Case Number

06-10725-LBR

NOTE See Reverse for List of Debtors and Case Numbers.

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor and Address:

11321242039057
SWILLEY, LOUIS
4314 DICKSON STREET
HOUSTON TX 77007

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.

☐ Check box if this address differs from the address on the envelope sent to you by the court.

IF YOU ARE ONLY OWED MONEY BY A BORROWER WHOSE LOAN IS BEING SERVICED BY THE DEBTORS YOU DO NOT HAVE TO FILE A PROOF OF CLAIM. THIS INCLUDES MONEY FROM THAT BORROWER HELD IN THE COLLECTION ACCOUNT.

DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS.

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number (913) 863-0633

Last four digits of account or other number by which creditor identifies debtor

Check here ☐ replaces a previously filed claim dated _____
if this claim ☐ or amends

1 BASIS FOR CLAIM

- ☐ Goods sold ☐ Personal injury/wrongful death
☐ Services performed ☐ Taxes
☐ Money loaned ☒ Other (describe briefly)
breach of contract

☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)☐ Unremitted principal☐ Wages, salaries, and compensation (fill out below)☐ Other claims against servicer (not for loan balances)

Last four digits of your SS #: _____

Unpaid compensation for services performed from: *undetermined at*
(date) to *this time* (date)

2. DATE DEBT WAS INCURRED:**3. IF COURT JUDGMENT, DATE OBTAINED:****4 CLASSIFICATION OF CLAIM**

Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.

See reverse side for important explanations.

UNSECURED NONPRIORITY CLAIM \$ *16,377.74*

☒ Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

UNSECURED PRIORITY CLAIM

☐ Check this box if you have an unsecured claim, all or part of which is entitled to priority.

Amount entitled to priority \$ _____

Specify the priority of the claim

- ☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)
☐ Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).
☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).

SECURED CLAIM

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief description of collateral

☐ Real Estate ☐ Motor Vehicle ☐ Other _____

Value of Collateral: \$ _____

Amount of arrearage and other charges *at time case filed* included in secured claim, if any \$ _____

☐ Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (____).

* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ *16,377.74* (unsecured) \$ _____ (secured) \$ _____ (priority) \$ *16,377.74* (Total)

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

7 SUPPORTING DOCUMENTS *Attach copies of supporting documents*, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).

BY MAIL TO:
BMC Group
Attn: USACM Claims Docketing Center
P O Box 911
El Segundo, CA 90245-0911

BY HAND OR OVERNIGHT DELIVERY TO:
BMC Group
Attn: USACM Claims Docketing Center
1330 East Franklin Avenue
El Segundo, CA 90245

THIS SPACE FOR COURT USE ONLY

DATE

27 Nov 06

SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Louis C Swilley


USA CMC



1072501498

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		PROOF OF CLAIM	
Name of Debtor USA Commercial Mortgage Company		Case Number 06-10725 (LBR)	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.	
Name of Creditor and Address  11321241000651 GARY D WARD IRA 26077 CHARING CROSS RD VALENCIA CA 91355-2029		DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again. THIS SPACE IS FOR COURT USE ONLY	
Creditor Telephone Number (661) 255 2499 Last four digits of account or other number by which creditor identifies debtor 6697			
1 BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly) _____		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
2 DATE DEBT WAS INCURRED 8/11/05		3 IF COURT JUDGMENT, DATE OBTAINED	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.			
UNSECURED NONPRIORITY CLAIM \$ _____ <input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority.		SECURED CLAIM <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____	
UNSECURED PRIORITY CLAIM <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: _____ <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)		<input type="checkbox"/> Up to \$225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a) (_____)	
* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.			
5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ _____ (unsecured) \$ 75,000 + Interest (secured) \$ _____ (priority) \$ _____ (Total)			
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.			
7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units). BY MAIL TO: BMC Group Attn: USACM Claims Docketing Center P.O. Box 911 El Segundo, CA 90245-0911			THIS SPACE FOR COURT USE ONLY <div style="text-align: center; font-size: 2em; font-weight: bold;">FILED OCT 20 2006</div> USA CMC  072500685
BY HAND OR OVERNIGHT DELIVERY TO: BMC Group Attn: USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo, CA 90245			
DATE 10/18/06	SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any). Gary D Ward		

FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT		DISTRICT OF <u>Nevada</u>		PROOF OF CLAIM								
Name of Debtor USA COMMERCIAL MORTGAGE		Case Number 06-10725-LBR										
<small>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</small>												
Name of Creditor (The person or other entity to whom the debtor owes money or property) WHAT'S ON LIMITED PARTNERSHIP		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		THIS SPACE IS FOR COURT USE ONLY								
Name and address where notices should be sent WHAT'S ON LIMITED PARTNERSHIP 2013 GROUSE STREET LAS VEGAS, NV 89134 Telephone number 702-275-7285												
Last four digits of account or other number by which creditor identifies debtor 2012		Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim dated _____										
1 Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS #: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)										
2. Date debt was incurred JUNE, 2005		3. If court judgment, date obtained: _____										
4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.												
Unsecured Nonpriority Claim \$ 100,000 <input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.												
Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)												
Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ UNKNOWN Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____												
<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal family or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____) <small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>												
5 Total Amount of Claim at Time Case Filed: <table style="width: 100%; border: none;"> <tr> <td style="text-align: right;">\$ 100,000</td> <td style="text-align: right;">100,000</td> <td style="text-align: right;">100,000</td> <td style="text-align: right;">100,000</td> </tr> <tr> <td style="text-align: right; font-size: small;">(unsecured)</td> <td style="text-align: right; font-size: small;">(secured)</td> <td style="text-align: right; font-size: small;">(priority)</td> <td style="text-align: right; font-size: small;">(Total)</td> </tr> </table> <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.					\$ 100,000	100,000	100,000	100,000	(unsecured)	(secured)	(priority)	(Total)
\$ 100,000	100,000	100,000	100,000									
(unsecured)	(secured)	(priority)	(Total)									
6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.				THIS SPACE IS FOR COURT USE ONLY								
7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.												
8. Date-Stamped Copy. To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.												
Date 1/8/06		Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any). <div style="text-align: center;">  Paul Green COO </div>										

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C.



ZOE BROWN

2877 Paradise Road, #803

Las Vegas NV 89109

Tel 702-791-0066* Cell 702 525-3311 8 Fax 702-869-4810

supposed to be sent
Via E-mail & US Mail

November 9, 2006

RE USA Capital/Marlton Square

Vesting Name Zoe Brown 1989 Family Trust, Zoe Brown TTEE

Client ID 1568

My original investment in Marlton Square on /about June of 2005 was \$50,000 00

There has been no repayment of principal

With regard to the Investor History Report, I agree that I have only received \$4,149 28

I also note from the report that interest is accruing on this loan and I'm due an additional \$3,895 67

I m in total disagreement with the Loan Summary dated June 30, 2006 which states my investment of \$50,000 00 but says I'm due \$0 00!

Owed and due to me is: My Original Principal of \$50,000.00 plus the accrued interest

I understand that certain investors in this very same fund are receiving payments

I demand to know why I'm not receiving payments

It is imperative that I receive a corrected statement as well as a payment, and an acknowledgment that I'm owed the \$50,000 00

Very truly yours,

Zoe Brown
Zoe Brown, TTEE
Zoe Brown 1989 Family Trust

FILED NOV 14 2006

Enclosures

Loan Summary dated June 30, 2006 (1 page)

Investor History Report dated September 30, 2006 (2 pages)

cc BMC Group
Thomas J Allison, Chicago, IL

